

Department of Transportation

[70 FR 76418, Dec. 27, 2005]

PART 1253—FORMS

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SOURCE: 70 FR 6507, Feb. 7, 2005, unless otherwise noted.

Subpart 1253.2—Prescription of Forms

1253.204 Administrative matters.

The following forms are prescribed for use in the closeout of applicable contracts, as specified in (TAR) 48 CFR 1204.804–570:

(a) *Form DOT F 4220.4, Contractor's Release.* (See (TAR) 48 CFR 1204.804–570.) Form DOT F 4220.4 is authorized for local reproduction and a copy is furnished for this purpose in the Appendix to subpart 1253.3.

(b) *Form DOT 4220.45, Contractor's Assignment of Refunds, Rebates, Credits, and Other Amounts.* (See (TAR) 48 CFR 1204.804–570.) Form DOT F 4220.45 is authorized for local reproduction and a copy is furnished for this purpose in the Appendix to subpart 1253.3.

(c) *Form DOT F 4220.46, Cumulative Claim and Reconciliation Statement.* (See (TAR) 48 CFR 1204.804–570.) Form DOT F 4220.46 is authorized for local reproduction and a copy is furnished for this purpose in the Appendix to subpart 1253.3.

1253.303

(d) *DD Form 882, Report of Inventions and Subcontracts.* (See (TAR) 48 CFR 1204.804–570.) DD Form 882 can be found at <http://www.aro.army.mil/forms/d882.pdf>.

1253.222 Application of labor laws to Government acquisitions.

The following form is prescribed for use in connection with the application of labor laws, as specified in (TAR) 48 CFR 1222.406–9:

Form DOT F 4220.7, Employee Claim for Wage Restitution. (See (TAR) 48 CFR 1222.406–9(c)(1).) Form DOT F 4220.7 is authorized for local reproduction and a copy is furnished for this purpose in the Appendix to for subpart 1253.3.

1253.227–70 Conveyance of invention rights acquired by the Government.

The following form is prescribed as a means for contractors to report inventions made in the course of contract performance, as specified in 1227.305–4:

DD Form 882, Report of Inventions and Subcontracts. DD Form 882 can be found at <http://www.aro.army.mil/forms/d882.pdf>.

1253.245–70 Report of Government property.

The following form is prescribed for use by contractors to report Government property, as specified in (TAR) 48 CFR 1245.505–1470:

Form DOT F 4220.43, Contractor Report of Government Property. See 1245.505–1470.) Form DOT F 4220.43 is authorized for local reproduction and a copy is furnished for this purpose in the Appendix to subpart 1253.3.

Subpart 1253.3—Illustration of Forms

1253.303 Agency forms.

This subpart contains illustrations of DOT and other agency forms specified by the TAR for use in DOT acquisitions.

Form Name	Form Number	Adobe .pdf files	Microsoft Word files
Contractor's Release Form	4220.4	4220_4.pdf	4220_4.doc
Employee Claim for Wage Restitution	4220.7	4220_7.pdf	4220_7.doc
Contractor Report of Government Property	4220.43	4220_43.pdf	4220_43.doc
Contractor's Assignment of Refunds, Rebates, Credits, and other Amounts.	4220.45	4220_45.pdf	4220_45.doc
Cumulative Claim and Reconciliation Statement	4220.46	4220_46.pdf	4220_46.doc

APPENDIX TO SUBPART 1253.3

DEPARTMENT OF TRANSPORTATION CONTRACTOR'S RELEASE	
CONTRACTOR (Name and Address) CONTRACT NO.	ENTER SUM OF TOTAL OF AMOUNTS PAID AND PAYABLE <div style="text-align: center;">\$</div>
<p>Pursuant to the terms of the above numbered contract and in consideration of the sum stated above, which has been paid or is to be paid to the Contractor, or its assignees, the Contractor, upon payment of the said sum by the UNITED STATES OF AMERICA (hereinafter called the Government), does remise, release, and discharge the Government, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract, except:</p>	
<p>1. Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor, as follows: (or state "None")</p>	
<p>2. Claims, together with reasonable expenses incidental thereto, based upon the liabilities of the Contractor to third parties arising out of the performance of this contract, which are not known to the Contractor on the date of the execution of this release and of which the Contractor gives notice in writing to the Contracting Officer within the period specified in the said contract; and</p>	
<p>3. Claims for reimbursement of costs (other than expenses of the Contractor by reason of his indemnification of the Government against patent liability) including reasonable expenses incidental thereto, incurred by the Contractor under any provisions of the said contract relating to patents.</p>	
<p>The Contractor agrees, in connection with patent matters and with claims which are not released as set forth above, that it will comply with all provisions of the said contract, provisions of the said contract, including without limitation those provisions relating to notification to the Contracting Officer and relating to the defense or prosecution of litigation.</p>	
<p>IN WITNESSES WHEREOF, this release has been executed this _____ day of _____, 19 ____.</p>	
<p>WITNESSES</p> <div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <p style="text-align: center;">(Contractor)</p>
<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
<p>NOTE: In the case of a corporation, witnesses are not required but the below statement must be completed.</p>	
<p>I, _____, am the _____ secretary of the corporation named as Contractor in the foregoing release; that _____ who signed said release on behalf of the Contractor was then _____ of said corporation; release was duly signed for and in behalf of said corporation by authority of its governing body and is within the scope of its corporate powers.</p>	
<div style="border-bottom: 1px solid black; width: 100%;"></div> <p style="text-align: center;">Signature</p>	

DEPARTMENT OF TRANSPORTATION EMPLOYEE CLAIM FOR WAGE RESTITUTION	
TO: The Government Accountability Office Claims Division Washington, DC 20548	CONTRACT NUMBER
	DATE OF CLAIM
	EMPLOYEE'S FULL NAME
	SSN:
<p>I hereby make claim for payment of unpaid wages due me in the amount of \$_____</p> <p>as an employee of _____ performing work <i>(Name of Contractor and/or Subcontractor)</i></p> <p>under the above number at _____ <i>(location of work)</i></p> <p>_____. I was employed as <i>(job title)</i> during the period from _____ <i>(month/day/year)</i></p> <p>to _____ <i>(month/day/year)</i></p> <p>This claim constitutes the total amount claimed due and unpaid for the period of employment indicated.</p>	
ADDRESS OF EMPLOYEE	SIGNATURE OF EMPLOYEE

Department of Transportation

Pt. 1253, Subpt. 1253.3, App.

DEPARTMENT OF TRANSPORTATION CONTRACTOR REPORT OF GOVERNMENT PROPERTY				OMB Control No. 2105-0517 Expiration Date: January 31, 2007																																																						
<p>This collection of information is mandatory and will be used to fulfill the requirements of the Transportation Acquisition Regulation (TAR). Public reporting burden is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (VRS), Office of Federal Acquisition and Regulatory Policy, GSA, Washington, D.C. 20405; and to the Office of Management and Budget, Information and Regulatory Offices, 725 17th Street, NW, Washington, DC 20503. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2105-0517.</p>																																																										
1. Contract Number: _____																																																										
2. Report Period Ending: _____																																																										
3. Contractor (Name and Address)			4. Contracting Office (Name and Address)																																																							
5. Name and location of Government-Owned, Contractor-Operated Plant (if applicable)																																																										
6. Any Government property located at a subcontractor's plant? _____ Yes _____ No. If yes, give the name and address of the subcontractor(s) on an attached sheet to this report.																																																										
7. Date contractor's property control system approved? _____																																																										
8. Approved by whom? _____ Name of Agency/Office																																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">9. Property Class (See FAR 45.5)</th> <th colspan="2">Starting Balance</th> <th rowspan="2">Items Added in \$</th> <th rowspan="2">Items Deleted in \$</th> <th colspan="2">Ending Balance</th> </tr> <tr> <th>Total Acquisition Cost (in dollars)</th> <th>Total Quantity (in acres or units)</th> <th>Total Acquisition Cost (in dollars)</th> <th>Total Quantity (in acres or units)</th> </tr> </thead> <tbody> <tr> <td>a. Land & Rights Therein</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Other Real Property</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Plant Equipment</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Special Test Equipment</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Special Tooling</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Materials in Stock (when total value exceeds \$50,000)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						9. Property Class (See FAR 45.5)	Starting Balance		Items Added in \$	Items Deleted in \$	Ending Balance		Total Acquisition Cost (in dollars)	Total Quantity (in acres or units)	Total Acquisition Cost (in dollars)	Total Quantity (in acres or units)	a. Land & Rights Therein							b. Other Real Property							c. Plant Equipment							d. Special Test Equipment							e. Special Tooling							f. Materials in Stock (when total value exceeds \$50,000)						
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<p>NOTE: This report shall include all Government property (i.e., property furnished by the Government, or acquired or fabricated by the contractor or subcontractors). By signature hereon, the contractor's property administrator declares that the report was prepared from the contractor's records that are required by FAR 45.5.</p>																																																										
10. Typed Name of Contractor Property Administrator				11. Signature and Date																																																						

**DEPARTMENT OF TRANSPORTATION
CONTRACTOR ASSIGNMENT OF REFUNDS, REBATES,
CREDITS, AND OTHER AMOUNTS**

Pursuant to the terms of Contract No. _____ and in consideration of the reimbursement of costs and payment of fee, as provided in the said contract and any assignment thereunder, _____ (hereinafter called the Contractor) does hereby:

1. Assign, transfer, set over the release to the UNITED STATES OF AMERICA (hereinafter called the Government), all right, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising out of the performance of the said contract, together with all the rights of action accrued or which may hereafter accrue thereunder.

2. Agree to take whatever action may be necessary to effect prompt collection of all refunds, rebates, credits or other amounts (including any interest thereon) due or which may become due, and to promptly forward to the UNITED STATES TREASURER checks (made payable to the Treasurer of the United States) for any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by the Contracting Officer as stated in the said contract and may be applied to reduce any amounts otherwise payable to the Government under the terms hereof.

3. Agree to cooperate fully with the Government as to any claim or suit in connection with refunds, rebates, credits or other amounts due (including any interest thereon); to execute any protest, pleading, application, power of attorney or other papers in connection with; and to permit the Government to represent it at any hearing, trial, or other proceeding arising out of such claim or suit.

IN WITNESS WHEREOF, this assignment has been executed this _____ day of _____.

BY: _____
(CONTRACTOR)

By signature hereon, I, _____, declare that I am the _____ (official title) of the corporation named as Contractor in the foregoing assignment; that _____ signed said assignment on behalf of the Contractor was then _____ of said corporation by authority of its governing body and is within the scope of its corporate powers.

Signature

DEPARTMENT OF TRANSPORTATION CUMULATIVE CLAIM AND RECONCILIATION STATEMENT	
1. Name of Contractor : _____ 2. Address of Contractor: _____ _____ _____ 3. Contract No. _____ 4. Delivery/Task Order No. _____	
5. The total amount claimed under the above numbered contract, delivery order, or task order number is as follows:	
a. Direct Labor.....	\$ _____
b. Direct Material.....	\$ _____
c. Other Direct Costs.....	\$ _____
d. Overhead.....	\$ _____
e. G&A.....	\$ _____
f. Subcontract Cost.....	\$ _____
g. Total Costs (5a through 5f).....	\$ _____
h. Fixed Fee.....	\$ _____
i. Total Amount Claimed.....	\$ _____
6. Total amount due under the above numbered contract, delivery order, task order is as follows:	
a. Total Amount Claimed.....	\$ _____
b. Total Amount Paid by the Government under Voucher Nos. _____ thru _____	\$ _____
c. Total Amount (if any) Withheld, Disallowed, etc. (as explained on the attached sheet).....	\$ _____
d. Total Amount Due.....	\$ _____
I, _____, as the _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (Full Name) (Title) </div> <p>to the best of my knowledge and belief, the above statements are correct in accordance with the records of the contractor.</p> <div style="text-align: center; margin-top: 20px;"> _____ (Signature) </div>	